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Ludlow Rural District.



ANNUAL REPORT
of the
Medical Officer of Health
for the Year
1947.

Public Health Staff.

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LUDLOW RURAL DISTRICT.

Annual Report of the Medical Officer of Health, 1947.

LUDLOW.

26th July, 1948.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the report on the Health of your district for the year ending 31st December, 1947. It has been drawn up in accordance with the Ministry of Health's Circular 170/47, dated 31st December, 1947.

The Registrar General estimates the population at mid-1947 as being 13,680, which is an increase of eighty since 1946. The Birth-rate was 17·1 and the Death-rate 12·9. The number of Infant deaths was twelve, the same as in the previous year, and there were no Maternal deaths.

Infectious Diseases notified were more than last year, due to notifications of Measles chiefly, which numbered 58. There was only one fatal case of Cerebro-spinal Meningitis, this being the only fatal case in Infectious Disease during the year.

Progress in building new Houses has again been slow and the only houses completed were eight of the Swedish timber type—four at Wistanstow and four at Stanton Lacy. At the end of the year 32 Council Houses were in course of construction.

The survey of houses in the district with a rateable value of £20 or less was completed at the end of the year, and a report on the results was presented to the Council by the Sanitary Inspector (Mr. R. F. Saunders) early in 1948. The Statistical Summary will be found at the end of this report, and in it will be seen the position as regards housing conditions in each Parish. The value of the survey lies to a great extent in the general view it gives of the conditions in the Rural Cottages, many of which require either re-conditioning, major structural alterations, or demolition as quite unfit and incapable of being made fit at a reasonable cost. It is to be hoped that legislation on the lines indicated in the report on RE-CONDITIONING IN RURAL AREAS, 1947, will not be delayed longer than is necessary, as the repair of many of the rural cottages is urgently needed.

JAMES L. GREGORY,

Medical Officer of Health.

Section A.

STATISTICS AND SOCIAL CONDITIONS.

GENERAL STATISTICS.

Area (in acres)	...	...	...	...	113,004
Registrar-General's estimate of population, mid 1947					13,680
Number of Inhabited Houses	...	...	...		3,934
Rateable Value of district	...	...	...		£63,328
Product of 1d. Rate	...	...	...	...	£258

VITAL STATISTICS.

LIVE BIRTHS—

			Total	M.	F.
Legitimate	...	...	216	116	100
Illegitimate	...	...	18	9	9
			—	—	—
		Totals	234	125	109
			—	—	—

BIRTH-RATE per 1,000 of the estimated population = 17.1.

			Total	M.	F.
STILL BIRTHS	...	...	11	4	7
			—	—	—

STILL-BIRTH RATE per 1,000 total births = 44.

			Total	M.	F.
DEATHS	...	...	178	79	99
			—	—	—

DEATH-RATE per 1,000 of the estimated population = 12.9.

DEATHS FROM PUERPERAL CAUSES ... Nil

DEATHS OF INFANTS UNDER ONE YEAR—

			Number of Deaths	Rate per 1,000 Live Births
(a) Legitimate Infants per 1,000				
legitimate births	...	...	11	50
(b) Illegitimate Infants per 1,000				
illegitimate births	...	...	1	55
(c) All Infants per 1,000 total live				
births	...	...	12	51
			—	—

DEATHS from—

Cancer	...	...	...	...	...	20
Measles	...	...	...	...	...	0
Whooping Cough	...	...	...	...	...	0
Diarrhoea (under two years)	...	...	...	...	...	1
Tuberculosis (all forms)	...	...	...	...	...	6

NOTES ON VITAL STATISTICS.**BIRTHS.**

There were 234 births registered, of which number 18 were illegitimate. This is about the same number of births as in 1945 and 1946, when there were 236 in each year. The percentage of illegitimate births is also about the same as in these years. The birth-rate was 17·1 per 1,000 of the population.

STILL BIRTHS.

Still births numbered 11, which gives a still birth-rate of 44 per 1,000 total (live and still) births. This is a higher rate than in 1946.

DEATHS.

The total deaths were 178, of which 79 were of males and 99 of females. The death-rate was 12·9 per 1,000.

A table showing the causes of death will be found at the end of the report. Heart Disease, Cerebral Hæmorrhage and Cancer were the principal causes of death as they accounted for 99 out of the 178 deaths.

PUERPERAL DEATHS.

There were no deaths from conditions associated with childbirth.

INFANTILE MORTALITY.

A total of 12 infants died under the age of one year, and this gives an Infantile Mortality Rate of 51·2 per 1,000 live births. This is almost exactly the same as in the previous year and is slightly above the rate for the country.

NATURAL INCREASE OF POPULATION.

The births during the year exceeded the deaths by 56.

The most unsatisfactory figure in the above statistics is the Infant Death Rate which is higher than that for the country as a whole, and in a rural district should be lower.

Six of the twelve deaths under a year took place when the infants were one day old or less, and only two took place above the age of two months. Therefore, attention should be given to the causes of these early deaths, some of which at least should be preventable.

Section B.

GENERAL PROVISION OF HEALTH SERVICES.

STAFF.

During the year Mr. F. O. Waterhouse took up the post of Assistant Sanitary Inspector and Surveyor, and commenced duty on 1st October, 1947.

The Housing Survey having been completed early in 1948, the Council decided to terminate the appointment of Mr. G. S. Banks who had been engaged to help in the carrying out of the survey, and to thank him for his work in this matter.

AMBULANCE FACILITIES.

The County Council will be responsible for the Ambulance Services as from the 5th July, 1948, and the following are the places from which ambulances can be secured for patients in the Ludlow Rural District :-

<i>Depôt</i>	<i>Telephone No.</i>
Ludlow.	Ludlow 184.

In the event of failure to obtain an ambulance from the Local Depôt a telephone call to Cross Houses 242 will ensure that a service is provided from the Central Depôt. There will be three ambulances stationed at Ludlow and eight at the Central Depôt at Cross Houses.

Long distance journeys outside of the county will be undertaken by the ambulances stationed at Cross Houses (Tel. 242).

The service for sitting cases operated by the Women's Voluntary Service will continue to function until the County Council is able to acquire an adequate number of cars for sitting cases. Applications, giving if possible 24 hours' notice, should be made to the County Health Office (Tel. Shrewsbury 3031) and not to the headquarters of the W.V.S. as hitherto.

As regards the removal of cases of Infectious Disease to the Isolation Hospital, doctors are asked to get into touch with the Medical Officer of Health (Tel. Pontesbury 74) or the Sanitary

Inspector (Tel. Ludlow 163), who will arrange for the removal of the patient if beds are available. In cases of urgency where neither of these officers can be contacted, practitioners should telephone the hospital (Shrewsbury 2510) and the Matron will arrange for an ambulance to be sent.

NURSING IN THE HOME.

The Home Nursing Service will be administered by the Health Committee of the County Council through a Nursing Subcommittee after the 5th July, 1948. In county districts the Midwifery and Home Nursing Services will have to be operated as a combined service as outlined in the County Council's proposals under Part III of the National Health Service Act, 1948.

Nurses who have been employed by the County Nursing and District Nursing Associations will be transferred to the County Council, who are the Local Health Authority. The Associations will be asked to continue as voluntary non-executive bodies in an advisory and consultative capacity.

A HOME HELP SERVICE has been established in Ludlow Borough during the year. It is hoped that the work may extend into the Rural Districts, as there must be many cases in the county areas where such domestic help is required. Doctors and others who may know of such cases are asked to get into touch with the Home Help Office at Dinham Lodge, Ludlow (Tel. Ludlow 47), where full information can be obtained.

HOSPITAL PROVISION.

There have been no changes during the year and no complaints have been received regarding difficulties in getting patients to hospital. At the time of writing (July, 1948) the Maternity Ward at Ivy House, Ludlow, has had to be closed owing to shortage of nursing staff, but it is hoped that it will be soon possible to re-open the ward.

The Regional Hospital Board will now be responsible for people who are ill and require hospital treatment, but the Welfare Committee of the County Council will be responsible for the residential accommodation of the "non-sick" who are in need of care and attention. Application should be made to the Welfare Officer, County Buildings, Shrewsbury.

This does not, of course, include Wayfarers (Casual Poor Persons) who are in the first instance the responsibility of the Assistance Board. In the case of children needing care and

attention, or protection, application should be made to the Children's Officer, Shirehall, Shrewsbury

The office of "Relieving Officer" will be terminated after the 5th July, 1948.

TREATMENT CENTRES AND CLINICS.

The County Council provide Clinics at Ludlow for School Children, Infants, Ante-natal Cases, Orthopædic Cases; and for Tuberculosis and Venereal Diseases at Shrewsbury.

The County Council plan to open a Clinic at Cleobury Mortimer in the near future and this should prove a help, as at present mothers with children there have to bring them to Ludlow for advice or treatment at a Clinic.

Section C.

SANITARY CIRCUMSTANCES OF THE AREA.

This section of the report deals with Water Supplies, Sewerage and Sewage Disposal, Refuse Collection and Disposal, etc.

The completion of the Housing Survey has supplied very full details with regard to the conditions existing in the district in respect to (the conditions existing in the district in respect to) water supplies, etc. The houses examined were those with a rateable value of £20 or less, and these numbered 2,928 out of a total of 3,936 premises in the Rural District, or 74% of the total.

WATER SUPPLIES.

During the year the supplies maintained by the Council at Craven Arms, Cleobury Mortimer, Clee Hill, Coreley and Stoke St. Milborough have proved adequate as regards quantity.

Water is also taken from the Elan Aqueduct at fourteen points—seven being by private persons and seven by the Council.

It is estimated that, of the houses surveyed, 36% have a supply of water piped to the house, and a further 19% have a main supply from taps near the house. Of the remainder, 31% have a supply from wells or springs near the house and 14% have no supply at all within a reasonable distance of the house.

If the houses with a rateable value above £20 were included the percentage with a piped supply would be higher as many of these have private supplies piped to the house.

PURITY OF SUPPLIES.

During the year a total of 65 samples were taken for bacteriological examination, and of these 26 were satisfactory and 39 were unsatisfactory. Many of these samples were of proposed new supplies.

The supplies at Cleobury Mortimer and Craven Arms are chlorinated before going to supply and the results obtained after chlorination are satisfactory. The quality of the untreated water at Cleobury is not satisfactory.

At Craven Arms the Council have had under consideration the matter of trying to increase the yield from the existing wells if possible, as the supply is only just enough for the town and in view of the new houses to be built may later become insufficient.

The following are the results of samples taken from the piped supplies controlled by the Council :-

Supply	No. of Samples	Satis.	Non-satis.
Craven Arms	5	4	1
Cleobury Mortimer	7	4	3
Stoke St. Milborough...	4	2	2
Coreley	5	3	2
Clee Hill	5	1	4
Elan' Aqueduct	5	4	1
	—	—	—
Totals	31	18	13
	—	—	—

As regards the purity of other supplies most of them are liable to pollution with animal organic matter after heavy rainfall, as shown by the presence of *B. coli* in excess of the standard laid down by the Ministry of Health (not more than two presumptive coli per 100 mls.)

The most important points to observe in these smaller supplies in a rural district are : 1, to ensure that no human sewage matter gains access to the supply ; and 2, to see from the reports of bacteriological examination whether there is any great divergence from the normal results in each case.

EXTENSION OF MAINS.

No mains extensions were carried out during the year but proposals were considered regarding the following extensions :-

- a Extension of main at Ludlow Road, Clee Hill, to Little Isle and Studley, and by agreement with the Tenbury R.D.C. to replace a 2in. main by a 3in. main at Worcester Road, Burford.

- b It is proposed, by agreement with the Church Stretton U.D.C., to extend a 3in. main from Little Stretton to the Woodlands and Marshbrook.
- c It is also intended, by permission of the County Agricultural Committee, to take a piped supply from the Committee's reservoir at Birtley for houses to be built at Ticklerton.

NEW BOREHOLE.

A new borehole was sunk at Wall-under-Heywood for the proposed new Council houses to be built there. The quality of the water is reported to be satisfactory. As the yield at the time the bore was sunk was 700 gallons per hour, the Council decided that they would make use of the supply for the adjoining villages of Wall-under-Heywood and Rushbury, and possibly also for Roman Bank. The Council's Water Engineer has been asked to draw up a scheme on these lines.

SCHEME AWAITING APPROVAL.

The scheme for supplying Cleobury Mortimer and the South-eastern Parishes of the Rural District with water from the Elan Aqueduct was submitted to the Ministry, but approval has not yet been obtained. In view of the unsatisfactory state of the present supply, and of the Council's building programme in this area, it is to be hoped that this scheme may soon be approved so that building will not be further delayed.

OTHER NEW MAJOR SCHEMES.

These include the joint High Level Scheme from the source at Cornbrook which would supply the area round the Clee Hill and also part of the Bridgnorth Rural District, and also the suggested source from the Ashes Valley on the Longmynd, near Little Stretton. Mr. Waters has been asked to proceed with the first of these schemes with the approval of the Ministry, and both of the Councils, and it is hoped that plans will soon be available. Gaugings are still being taken of the flow at the Ashes Valley which has not proved so great as expected.

SEWERAGE AND SEWAGE DISPOSAL.

In country districts many of the larger houses have cesspools, a few of which are water-tight as required by the law, and which have some arrangements for the treatment of the over flow. In other cases the cesspools leak, but there is no nuisance caused at all. Waste water is flung on the garden or other space and

disposal of excreta is either by earth closet or by pail closets with burial of the contents.

As a village grows there may be some simple form of sewerage evolved in which the house drains are connected to the village drain which passes conveniently down the main street. This is illegal, but as no permission is asked and no nuisance results owing to the small number of houses concerned the system continues for a time.

The highway drain discharges into a ditch and this into some small stream which passes into a larger one, and this sort of state of affairs is found commonly in small hamlets in a rural area. There are, however, some factors which upset this state of equilibrium, and the chief of these are :-

- a The building of a number of Council Houses.
- b An increased water-mindedness of the inhabitants
- c The coming of a piped water supply.

In rural areas houses are usually built singly and only at long intervals by private persons, but the coming of a number of Council Houses with modern sanitation may upset the whole position as regards drainage and disposal of waste water, etc.

Similarly the coming of a piped supply means more houses with baths and W.Cs., and this will soon lead to other householders wanting similar amenities with the result that the primitive arrangements of drainage which have sufficed so far are now quite inadequate, and sooner or later a nuisance arises.

The problem now arises as to whether a proper sewage disposal scheme is needed and, if so, can it be afforded. Usually this question does not arise until a village reaches a population of 300 persons or more, and even then it depends whether there are many houses with water laid on and therefore baths, W.Cs., etc.

Now, from a Public Health point of view, the ways in which trouble may arise are chiefly as follows :-

- i. When the purity of the water supply is threatened.
- ii. If direct nuisance or serious inconvenience is caused
- iii. If there is serious river pollution.

Water supplies are usually in danger if they come from surface wells as other sources are not likely to be polluted.

River pollution is not likely to be serious if only small amounts of sewage are discharged into a stream. One of the more serious

forms of pollution is that from factories and milk, and they are especially serious in this connection as they are 150 times as detrimental to river water as is human sewage.

PRESENT SCHEMES.

The only disposal works managed by the Council at present in the area is the one at Stokesay, near Craven Arms, which consists of collecting tanks from which the effluent is passed over land and thence into the river. In view of the building programme at Craven Arms it is likely that a new sewage disposal scheme will be required there in the near future, as the volume of sewage is likely to be greatly increased.

Elsewhere in the district there are no disposal works of any size but there are several small villages where sooner or later with the coming of new houses, and of piped water supplies, some form of sewerage will be needed. In building new Council Houses it should always be kept in mind that any small works constructed for such houses should, if possible, be so made as to be capable of being combined with any larger village scheme which may ultimately become necessary.

It will be seen from the Housing Survey that only 529, or 18% of the 3,000 houses reported on have W.C.s. and only 394, or 15%, have baths. It will be appreciated, therefore, from these figures that there has not been any great need in the past for sewers or sewage disposal works. In the future, however, this state of affairs is likely to undergo a great change as more and more houses have indoor sanitation.

FUTURE SCHEMES.

The Council's scheme for the sewerage of Cleobury Mortimer has now been approved by the Ministry, and it is hoped soon to go to tender for these works which are very urgently required in view of the building programme there.

REFUSE COLLECTION AND DISPOSAL.

Refuse is collected throughout the district and is "tipped" at various places, the largest tips being at Cleobury Mortimer, Clee Hill, Woofferton, Onibury Lane and Greenway Cross, Craven Arms.

Collection is every six weeks except at Cleobury Mortimer and Craven Arms, where it is made weekly. No nuisances have been reported from the tips during the year.

SALVAGE COLLECTION.

A total of 13 tons, 14 cwts. of paper has been salvaged by the Council during the year. A trailer attached to the refuse vehicle is used and weekly collections are made at Craven Arms and Cleobury Mortimer, monthly visits being paid to depôts at other parts of the district.

PARTICULARS OF VISITS AND INSPECTIONS MADE BY THE SANITARY INSPECTORS DURING THE YEAR 1947.

Water Supplies—including visits for sampling	433
Housing	593
Refuse Collection	42
Meat and Food Inspections	213
Dairies and Cowsheds	143
New Buildings and Building Work	88
Drainage and New Drainage	131
Visits to Council Houses	175
Infectious Diseases	13
Factories and Workshops	23
Food Premises	12
Petrol Installations	47
Miscellaneous	112
Total Visits	2,025
Number of Notices served : <i>a</i> Informal	219
<i>b</i> Statutory	9
Housing Inspections recorded	495

Section D.

HOUSING.

Number of Inhabited Houses	3,930
Number of Council Houses	110
Houses completed in 1947	11
<i>a</i> By Council ... 8 (Swedish Timber)	
<i>b</i> By Private Enterprise 3	
Houses under consruction at 31st Dec., 1947	37
<i>a</i> By Council—Craven Arms ... 24	
Hope Bowdler ... 8	
<i>b</i> By Private Enterprise ... 5	
Number of Houses Surveyed	2,928
Total number of applications for Houses ...	650

There has not been much progress as regards the completion of new houses during the year, the only ones to be completed by the 31st December, 1947, being the eight Swedish Timber Houses (four at Wistanstow and four at Stanton Lacy) and in addition three were built by private enterprise. In 1946 and 1945 no houses were built by the Council, so that the position as regards the shortage of houses is still acute. It will be seen, however, that at the end of the year the Council had 32 houses under construction and it is to be hoped that in the near future the difficulties which have hindered building will be overcome and thus allow for the speeding-up of the Council's building programme.

Details of the programme will be found in the reports for 1945 and 1946, from which it will be seen that the Council have a short-term programme of 320 houses to be built in various parts of the district.

HOUSING SURVEY.

It will be remembered that, as a result of the recommendations contained in the Hobhouse Report, the Council decided to have a survey made of all houses in the area with a rateable value of £20 or less, and this was commenced in the autumn of 1945. Preliminary reports on the progress of the survey have been presented each year by Mr. R. F. Saunders who has been responsible for the work, with the assistance of Mr. G. S. Banks. The survey was completed late in 1947 and the full analysis of the results obtained have now been presented to the Council who have had copies sent to the Ministry of Health and the County Council, etc.

It is hoped to include at the end of this report a copy of the completed results of the survey, but some of the figures for the Rural District as a whole will be mentioned here as they present a good general view of conditions in the 2,928 houses examined.

In the Hobhouse Report it was recommended that houses could conveniently be placed in one of the following five categories according to their condition at the time of inspection. Efforts have been made to secure a uniform standard throughout Shropshire in the classifying of houses, and with this end in view joint meetings of officials of the County Council and of Rural District Councils were held in Shrewsbury in 1945.

The categories are as follows :-

Category.

- I. Houses fit in all respects.
- II. Houses with minor defects.
- III. Houses requiring major structural alterations.
- IV. Houses requiring re-conditioning.
- V. Houses totally unfit and requiring demolition.

CLASSIFICATION OF HOUSES.

Of the 2,928 houses examined the numbers in each category were found to be as follows :-

Category	I	II	III	IV	V
Number of Houses ...	538	316	1,843	307	104
Percentage of total ...	12%	11%	63%	10%	4%

From the above results it will be seen that 2,254 houses out of a total of 2,928 examined, or 77%, require either major structural alterations, re-conditioning, or demolition and replacement, if the inhabitants of these houses are to live under what are now considered as healthy conditions.

Although many who may have been conversant with conditions of country cottages knew that conditions were very bad indeed, these figures indicate what a great problem faces those who are responsible for rural housing conditions. Under present conditions very little can be done even to commence this great task, and every year the condition of these cottages is getting worse so that, inevitably, more and more will fall into the lower Categories IV and V. The building of new houses will for some years only supply such families with houses who are without a house and the only way by which the great number of houses in Categories III and IV can be brought up to date is for new legislation to be brought in on the lines of the Housing (Rural Workers) Acts. This was referred to in my report for 1946 (p.p. 10 and 11).

WATER SUPPLIES.

The survey reveals the fact that only 36% of the houses examined had a piped water supply laid on to the house, 19% had a piped supply near at hand, 31% had water from wells or springs near at hand, while 14% had no supply within a reasonable distance. Only 15% of the houses had a bath.

SANITATION.

Houses with water closets numbered 529, or 18% of the total, the rest having pail closets (50%) or earth closets or privy middens (32%). Sixty-five per cent. of the houses have sinks and only 12% are without drains for waste water.

OVERCROWDING.

Only fifty-eight cases of overcrowding were revealed, which is 2% of the total number surveyed.

Section E.

INSPECTION AND SUPERVISION OF FOOD.

During the year attention has been directed throughout the country to the necessity of cleanliness in the handling of food by those who have to prepare it or sell it. Care is especially required as regards those foods which may be eaten uncooked—such as milk or ice cream, etc.

New regulations have come into force regarding ice cream and more work will be put on the Inspectors in supervising this trade.

The supervision of milk production is still a matter for the Local Authorities, but only the shortage of suitable staff has delayed this work passing over to the Ministry of Agriculture under the Food and Drugs (Milk and Dairies) Act, 1944. Cow sheds and dairies in many instances fall far below the standard which is needed for clean milk production. Water supplies to farms are also, in many cases, poor in quality and insufficient.

MILK.

Number of Producers on register	...	323
Accredited Producers	... ..	22
T.T. Producers	... ..	5
Heat Treatment Plants in district	...	0
Inspector's Visits to cow sheds, etc....		143
Reports on Milk Samples	... ..	4

Twenty-five new Producers were registered during the year but there can be no doubt that a number of producers in the area are not registered with the Local Authority, although how many it is not possible to say. Such unregistered producers do not come under the supervision of the Sanitary Inspectors and their premises are not visited. I would advise that a new register be compiled which should be complete.

The Inspector reports that in the case of new applications for registration, visits are paid to the premises and many improvements have been secured in such cases.

Very little sampling of undesignated milk has been carried out by the Inspectors, the four samples reported on having been taken at schools by the County Health Department Officials—

three being undesignated and one accredited supplies. In each case the report was unsatisfactory and there can be no doubt at all that if samples were taken from all suppliers there would be a number which would prove unsatisfactory as regards the standard of cleanliness. Sampling is also undertaken at the large dairies to which milk is sent and producers are notified if the results are unsatisfactory from the point of the keeping qualities of the sample.

Lack of a proper water supply is frequently the reason for unsatisfactory reports on milk samples, another common reason being lack of equipment to sterilize all the utensils used. It is not easily possible to produce clean milk unless there is a good water supply for washing and cooling. It is found, as a rule, that a great improvement results when proper sterilization of utensils is carried out.

MEAT INSPECTION.

This has been carried out as formerly at Craven Arms by the Inspectors and the work occupies a considerable portion of their time as the area supplied from this centre is a very large one and includes a great part of South Shropshire.

The Inspector reports that facilities for the washing of employees' hands have been provided, but that there is still no satisfactory means of heating water for this purpose. It would be of advantage if hot water were available as without it it is not easy to thoroughly cleanse the hands.

The total number of animals slaughtered during the year was

Cattle	...	...	1,301
Sheep	...	...	4,446
Calves	...	...	1,115
Pigs	...	...	65
Total			<hr/> 6,927 <hr/>

The above number is 3,000 less than in 1946, the decrease being chiefly in the number of sheep which was 6,380 in that year.

The following is the weight of meat condemned :

On account of Tuberculosis	...	...	11,192 lbs.
On account of other conditions	...	...	29,160 lbs.

The weight of meat condemned is 2,200 lbs. less than in 1946.

OTHER FOODS CONDEMNED—

Corned Beef	...	...	93 tins.
Assorted Food Stuffs	...	...	586 tins.
Cheese	...	...	5 lbs.
Cod Fillets	...	...	42 lbs.
Veal	...	...	14 lbs.
Bacon	...	...	12 lbs.
Sausages	...	...	6 lbs.
Sausage Meat...	...	...	6 lbs.
Mutton	...	...	79 lbs.
Tomatoes	...	...	12 lbs.

ICE CREAM

It was mentioned last year that the Ice Cream (Heat Treatment etc.) Regulations 1947, came into force on 1st May, 1947. The chief point in these regulations is that all ice cream must be heat-treated before being frozen so that any disease producing germs may be destroyed.

Much more power is also given to Local Authorities as regards the suitability of premises where ice cream is manufactured, stored and sold. It is hoped that the standard of cleanliness of shops where ice cream is sold etc., will be raised to a much higher level than has formerly been the case.

In the Rural District there are only two dealers who make Ice Cream and they both employ the "cold mix" process, which means that they buy an ice cream powder which is already mixed and only has to have cold water added to it before it is frozen.

The powder is manufactured by one or other of the larger firms who have proper plant for the purpose, and is usually of good quality as regards cleanliness. Samples of such powder are sometimes taken, however, in cases where there is no obvious cause found for ice cream not coming up to Grade I after being mixed with water and frozen. In a few cases it is found that the powder itself is not up to Grade I standard.

Only four samples were taken in the district from the two producers and, while two samples from one producer were in Grade I, the samples from the other producer were in Grade IV. This producer has been visited and further samples will be taken.

One of the chief difficulties met with is that many small shop owners wish to mix and sell ice cream in "general" shops which are not always as clean as they should be. If we are to raise the standard of cleanliness and protect the public from

possible epidemics due to ice cream being contaminated by "carriers" of disease germs, then the provisions of the Food and Drugs Act, 1938, Section 13, and the Ice Cream (Heat Treatment) Regulations, 1947, must be carried out where applicable.

In cases where wrapped Ice Cream only is sold it is sufficient that it should be kept in a refrigerator in the shop until sold. That is, of course, provided it is not unwrapped.

In cases where Ice Cream is sold from bulk and is in any way handled then the provisions laid down in Section 13 of the Food and Drugs Act, 1938, apply. These include the provision of washing facilities for the hands of those who handle the ice cream and also of facilities for sterilizing the utensils used in serving it out.. In the case of "mixed" shops, a special part of the shop should be set aside for the sale of ice cream, and in every case the Local Authorities' Health Officials should be satisfied that all the arrangements are satisfactory.

The Ministry of Health have made arrangements through the Central Council for Health Education for lectures to be given in any area to those who prepare or handle Food for human consumption. The cost of these lectures, plus the expenses, have to be borne by the Local Authority.

Section F.

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

Apart from a number of cases of Measles in the first quarter of the year there was no large incidence of Infectious Diseases reported during the year.

The following were the cases notified :-

Disease.	Cases notified.	Admitted to Hospital.	Deaths.
Scarlet Fever	13	9	0
Cerebro-spinal Meningitis	1	0	1
Measles	58	0	0
Whooping Cough	16	0	0
Pneumonia	3	0	0
Erysipelas	1	0	0
Puerperal Pyrexia	1	0	0
Totals	93	9	1

For the fourth year in succession no case of Diphtheria was notified in the district. The last case was in the second quarter of 1943 when a child, who had not been immunised, died of Diphtheria.

The protection of children by immunisation has continued during the year and 172 children under five years of age and 19 children of school age were immunised in 1947.

At the end of the year it was estimated that the total number of children protected was as follows :-

	Total in District	Number Immunised	Percentage Immunised
Children aged 0-4 years ...	1,098	622	56%
„ „ 5-15 years ...	1,907	1,709	90%
	<hr/>	<hr/>	<hr/>
All children	3,005	2,331	74%
	<hr/>	<hr/>	<hr/>

The work of immunisation in the district has chiefly been carried out at schools and welfare centres by the County Health Staff, but some cases have also been immunised by Private Doctors.

On the 5th July, 1948, the responsibility for this work will pass to the County Council under the National Health Services Act, 1946.

Although the disease known as Acute Anterior Poliomyelitis (Infantile Paralysis) was widespread in the country throughout the summer and autumn months, only one case was notified in the district and this was not confirmed after removal to hospital.

The cases of Scarlet Fever were notified from a farm colony where there are a number of children, and only one other case was notified apart from these ones. They were all mild cases and no deaths took place.

One death took place from Cerebro-spinal Meningitis and the patient died before he could be removed to hospital. No other cases occurred and there was no evidence as to how this case became infected as his home was at an isolated farm and no other case was notified during the year. The last case of this disease, and one which was also fatal, was reported from a house less than a mile from this case, but as it was in 1943 there does not seem much likelihood that they were connected with one another.

Attention has been drawn during the year to the importance of cleanliness on the part of those handling food, as now-a-days

diseases such as Typhoid Fever, Dysentery, Para-typhoid, etc., are not very often due to contaminated water supplies as in past days, but are spread by "carriers" of these diseases who are handling food and contaminate it by not exercising care in their own personal hygiene. The Ministry of Health, in collaboration with the Central Council for Health Education, are therefore conducting a campaign, the object of which is to educate those who handle food as regards the importance of absolute cleanliness in their work.

ISOLATION HOSPITAL ACCOMMODATION.

As in former years, cases of Infectious Disease requiring treatment in an Isolation Hospital have been removed to the Shrewsbury and Atcham Joint Hospital at Monkmoor, Shrewsbury. This hospital was opened in 1923 and will now pass under control of the Hospital Board for this region. The hospital will continue to take cases from the Ludlow Rural District as it has been recommended to serve the whole of Shropshire as an isolation hospital.

Cases are removed by ambulance and doctors in practice are asked to first of all get into touch with the Medical Officer of Health (Tel. No. Pontesbury 74) before sending a case into hospital. If he is not immediately available then doctors are asked to telephone to the hospital direct if the case is urgent. The hospital Telephone No. is Shrewsbury 2510. The matron will then have an ambulance sent for the patient if a bed is available.

TUBERCULOSIS.

The number of cases of Tuberculosis on the register at the end of the year was as follows :-

MALES.		FEMALES.		Total.
Pulmon.	Non-pulmon.	Pulmon.	Non-pulmon.	
45	50	49	39	183

The total of 183 shows an increase of only one from the total at the end of 1946. The total is probably higher than it should be as the register has not been revised of late years and when it is probably a number of cases will be taken off.

NEW CASES.

Eleven new cases were notified and of these ten were of the Pulmonary type (six males and four females), and one (male) of the Non-pulmonary type. In the previous year there were fourteen new cases.

DEATHS AND DEATH-RATES.

Six deaths were registered from this disease, which is the same number as in the previous year. Five were Pulmonary cases (four male and one female) and one was Non-pulmonary (female). In 1945 also the deaths numbered six.

Death-rates—

Pulmonary	Death-rate per 1,000	=	0·365
Non-pulmonary	Death-rate per 1,000	=	0·073
<hr/>			
Death-rate (all forms)		=	0·438

NEW CASES AND MORTALITY—1947
(IN AGE GROUPS)

Age Group	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
0-5 yrs.								
5-15 „			1			1		
15-25 „	3	1			1			1
25-35 „	2	1						
35-45 „	1	1			1			
45-55 „		1			1			
55-65 „					1			
Over 65 ys.								
Totals	6	4	1		4	1		1

TREATMENT.

Schemes for treatment are carried out by the County Council. The Sanatoria are at Shirlett and Prees Heath and the Dispensary is at Shrewsbury, but the Tuberculosis Officer for this area also visits Ludlow once a month to see cases.

During the year eight cases were admitted and ten discharged from the Sanatoria.

On July 5th, 1948, the Sanatoria will pass under the Hospital Board along with other hospitals for treatment.

PREVENTION.

Although Tuberculosis is known to be infectious and therefore a disease in which prevention should play a major part in its control, by far the greatest efforts have been in the way of

treatment of established cases and very little money has been expended in the past on its prevention. It is true that patients are instructed as regards their way of living so that they should not be a danger to others—and this, no doubt, has helped to reduce the number of new cases. The isolation of cases in Sanatoria also prevents them living at home where they might infect others in the family. The use of mass radiography of the lungs will also, no doubt, help in detecting cases earlier than would otherwise be possible.

We still have, however, cases in which an infectious patient is living at home in over-crowded conditions and among young child contacts. Persuasion often fails to convince such patients that they are a source of great danger to others in the household. Under Section 172 of the Public Health Act, 1946, a County Council or a Local Authority may apply to a Court of Summary Jurisdiction for an order to have such a patient removed to a hospital or institution and, if the Court are satisfied, an order may be granted for the patient's removal and detention for a period of three months. This period may be extended later on for a further three months if the conditions are still the same.

In practice very little use has been made of these powers and, as Tuberculosis may be a disease which is chronic, such detention might need to extend over a long period, during which the patient would be unable to support his family, if he were the wage earner.

It would therefore seem that it would be better to ensure that in such cases the patient's home should be such as would allow of him being isolated as far as possible in his own house. The first essential is that he should have a bedroom to himself, as the risk of infecting others is greatly increased if a bedroom has to be shared with others. A Local Authority can give special consideration to such cases and also it is possible to adjust the rent to the means of the family. (Housing Act, 1936, Sect. 85).

Another means of prevention is, of course, the education of the public as to the infectious nature of this disease. It is undoubtedly a fact that even now a great many people do not realise that Tuberculosis is infectious, and that one patient in a home can infect the rest of the family. More should be done to educate the public in this matter if the yearly number of new cases notified is to be reduced. This should be done by the Ministry of Health through the Central Council for Health Education in the same way as the campaign for immunisation against Diphtheria has been carried out.

Thirdly, one of the most important factors in our resistance to infection by Tuberculosis is the power of the human body to fight the infection at its earliest invasion. In tuberculous families, especially if the wage earner is the one affected, poverty is nearly always present, and this means that the other members of the family are undernourished and therefore unable to fight the disease, which claims them one by one as victims. To counteract this state of affairs it would seem evident, surely, that the greatest care and attention should be given to the contacts in such impoverished families who are being rendered doubly liable to fall victim to the disease—first by infection and second by lack of power to resist it through under-nourishment.

During the late war a scheme was evolved whereby some help could be given to families where the wage earner was in a Sanatorium suffering from Tuberculosis, and this is of value as far as it goes, but it is rather limited in its scope as only certain types of patients can be helped. What is required is some national scheme whereby all such families can be helped so that they are able to have sufficient food and thus be able to fight any infection from the start. This would be true prevention and would also be more economical in the long run as the great expenditure on Sanatoria would be avoided.

In considering factors which may be considered casual in Tuberculosis, we should put them in the order: 1, Infectious case in the home; 2, lack of proper and good food; 3, overcrowding. These are the things to be looked into and remedied if possible in preventing further cases.

CANCER.

The deaths from Cancer numbered twenty in all (eight males and twelve females) and the death-rate was equal to 1,462 per million living. This is slightly lower than in the previous five years but Cancer comes third in the causes of death in the district, as will be seen in the table giving the causes of deaths.

Although research work into the cause or causes of Cancer continues in this and many other countries no definite cause of the disease has, as yet, been found. Early diagnosis of the disease and surgical or X-ray treatment in suitable cases remain the means by which lives can be saved or at least prolonged.

It would seem that if we are to gather more information about this disease as regards its incidence and the age at which

people are attacked by it, the next step to be taken would be to make it notifiable so that accurate figures regarding it could be obtained. Although Cancer is not, at present, classed as an Infectious Disease, there is always the possibility that there may be some degree of infectivity in its mode of spread, and the history of many families tends to support this view.

During recent years there appears to have been an increase in the number of cases in which the lungs have been affected, but the reason for this increase is still obscure.

The following are the numbers of deaths from Cancer and the death-rates since 1942 :-

Year	Number of Deaths	Death-rate per million
1942	24	1,654
1943	22	1,559
1944	25	1,795
1945	31	2,825
1946	22	1,617
1947	20	1,462

CAUSES OF DEATH—1947.

Cause of Death	Male	Number Female	Total
Heart Disease	22	33	55
Intra-cranial Vascular Disease	6	18	24
Cancer	8	12	20
Bronchitis	5	9	14
Violence	4	5	9
Diseases of Circulation ...	6	3	9
Tuberculosis—Pulmon. = 5...	4	2	6
Non-Pul. = 1...			
Nephritis	4	2	6
Pneumonia	3	2	5
Influenza	3	1	4
Premature Birth	1	3	4
All other causes	13	9	22
	—	—	—
Total deaths	79	99	178
	—	—	—

LUDLOW RURAL DISTRICT COUNCIL HOUSING SURVEY

STATISTICAL SUMMARY

PARISH	Houses	Cate- gory 1		Cate- gory 2		Cate- gory 3		Cate- gory 4		Cate- gory 5		Houses with W.C's		Houses with Pail Closets		Houses with Privy Middens		Houses with Baths		Houses with Sinks		Houses without Drains		WATER						Over- crowding							
																								Piped into House		Tap Water Reason- able Dis.		Other Source Reason- able Dis.			None at Reason- able Dis.						
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		No.	%					
ABDON	27	0	—	3	11	14	52	6	22	4	15	0	—	11	41	4	18	16	59	1	4	10	37	7	26	5	8	4	15	8	30	10	37	1	4		
ACTON SCOTT	28	4	14	2	7	18	65	3	11	1	4	1	5	24	86	3	11	3	11	5	18	17	61	5	18	3	10	1	4	24	86	0	—	1	4		
ASHFORD BOWDLER	17	2	—	0	—	—	—	—	—	3	—	8	—	9	—	—	—	—	—	2	—	—	—	0	—	3	—	—	—	—	—	—	—	0	—		
ASHFORD CARBONEL	62	9	14	6	10	39	63	5	8	3	5	8	13	26	42	45	45	29	45	8	13	29	46	13	21	7	11	10	15	43	69	2	3	0	—		
BITTERLEY	204	16	8	22	11	135	66	31	15	0	—	16	8	135	66	53	26	53	26	15	7	136	67	12	6	4	38	28	51	25	19	9	3	1			
BORASTON	56	7	13	1	2	38	68	7	13	3	5	2	4	29	52	45	45	25	45	4	7	29	52	8	14	4	7	0	33	6	7	1	2	2			
BROMFIELD	92	5	6	33	36	45	50	6	7	2	2	13	14	69	75	10	11	10	11	4	4	74	81	1	1	55	60	30	33	36	68	0	—				
BURFORD	53	4	8	7	13	37	68	5	18	7	13	7	13	23	43	23	43	23	43	10	19	48	91	1	2	16	30	1	2	37	48	19	32	13	3		
CAYNHAM	251	36	14	36	14	136	54	34	13	9	4	34	13	152	61	65	26	65	26	26	10	134	54	21	8	79	32	92	37	48	19	32	13	3			
CLEE ST. MARGARET	38	0	—	2	5	23	61	8	21	5	13	1	3	8	21	75	75	75	75	1	3	17	44	16	42	4	10	1	3	13	34	20	52	0	—		
CLEOBURY MORTIMER	241	33	14	36	15	159	66	2	1	11	5	83	34	92	38	64	25	64	25	74	31	204	84	10	4	186	77	30	12	16	7	9	4	0	—		
COLD WESTON	3	0	—	0	—	2	—	0	—	1	—	0	—	2	—	1	—	1	—	0	—	0	—	3	—	2	—	—	—	—	—	—	0	—	0	—	
CORELEY	114	11	10	7	6	63	55	26	23	7	6	0	—	72	63	36	31	36	31	1	—	45	39	30	26	40	35	22	19	19	11	33	29	5	4		
CULMINGTON	103	9	9	11	11	73	72	8	8	2	2	8	8	52	50	43	42	43	42	8	8	79	77	5	5	45	44	28	27	26	25	4	4	2	2		
DIDDLEBURY	113	0	—	18	16	76	66	13	11	6	5	17	15	61	54	35	31	35	31	14	12	84	74	11	10	50	44	43	38	16	14	4	4	1	—		
EAST HAMLET	12	0	—	0	—	12	—	0	—	0	—	2	—	7	—	3	—	3	—	2	—	0	—	0	—	7	—	0	—	—	—	—	—	0	—		
EATON-U-HEYWOOD	46	2	4	3	7	36	78	5	11	0	—	1	2	15	33	30	65	30	65	4	9	16	35	8	17	2	4	0	—	—	—	20	44	1	—		
GREETE	23	5	22	3	13	12	52	3	13	0	—	3	13	12	52	8	35	8	35	6	26	18	78	0	—	1	4	0	—	—	—	17	4	1	—		
HALFORD	45	2	4	3	7	37	82	3	7	0	—	30	67	8	18	7	16	7	16	3	7	29	64	5	11	25	55	18	40	1	2	1	2	0	—		
HEATH	3	0	—	1	—	1	—	1	—	0	—	0	—	0	—	4	—	4	—	0	—	1	—	0	—	0	—	0	—	—	—	—	0	—	0	—	
HOLDGATE	10	0	—	0	—	7	—	1	—	2	—	1	—	5	—	3	—	7	—	1	—	5	—	—	—	0	—	—	—	—	—	—	0	—	0	—	
HOPE BAGOT	15	6	—	0	—	7	—	0	—	2	—	5	—	3	—	7	—	7	—	5	—	6	—	6	—	6	—	4	—	—	—	—	0	—	0	—	
HOPE BOWDLER	37	15	40	2	5	16	43	1	3	3	8	7	19	20	54	27	—	27	—	13	35	24	65	7	19	8	22	5	14	18	49	1	16	—	—		
HOPTON CANGEFORD	8	0	—	1	—	5	—	1	—	1	—	1	—	4	—	3	—	3	—	0	—	5	—	3	—	4	—	0	—	—	—	—	2	—	0	—	
HOPTON WAFERS	132	6	5	7	5	92	70	15	11	12	9	3	2	81	62	48	36	48	36	3	2	69	52	39	30	15	11	9	7	56	43	52	40	5	4		
LITTLE STRETTON	13	2	—	0	—	10	—	1	—	0	—	1	—	5	—	7	—	7	—	2	—	6	—	1	—	6	—	0	—	—	—	—	0	—	0	—	
LOUGHTON	3	0	—	0	—	3	—	0	—	0	—	0	—	3	—	0	—	0	—	0	—	2	—	3	—	0	—	—	—	—	—	—	0	—	0	—	
LUDFORD	42	9	21	0	—	32	76	1	—	0	—	25	60	14	33	3	7	3	7	8	19	32	76	1	2	29	69	8	19	10	27	42	43	1	1		
MILSON	17	0	—	1	—	15	—	1	—	0	—	2	—	12	—	47	48	47	48	4	4	56	57	25	26	5	5	25	26	26	27	27	27	42	43	0	—
MUNSLow	98	2	2	11	11	69	70	16	16	0	—	2	—	49	50	23	30	23	30	7	9	40	52	26	34	25	33	35	46	16	21	21	1	0	—		
NASH	77	8	10	6	8	44	57	17	22	2	3	5	7	49	64	6	23	6	23	0	—	19	73	5	20	1	4	2	8	18	69	5	20	0	—		
NEEN SOLLARS	26	0	—	3	11	20	76	3	11	0	—	2	—	18	69	41	54	41	54	4	5	51	67	6	8	16	20	8	10	37	48	15	20	3	4		
ONIBURY	76	2	3	12	15	53	69	7	9	2	3	1	1	32	42	13	18	13	18	6	8	58	81	0	9	17	24	4	6	47	66	2	3	0	—		
RICHARDS CASTLE	70	1	1	9	13	53	74	7	10	0	—	9	13	48	67	36	41	36	41	10	11	53	61	9	10	5	6	62	71	0	20	23	3	4	5		
RUSHBURY	87	5	6	5	6	60	69	15	17	2	2	7	8	44	51	44	35	41	35	8	6	76	59	20	15	45	35	19	15	44	34	21	16	3	2		
STANTON LACY	129	11	8	8	6	90	69	15	12	5	4	10	8	74	57	44	35	44	35	0	—	4	—	2	—	2	—	0	—	—	—	—	—	0	—		
STEDON CARWOOD	8	0	—	0	—	7	—	0	—	1	—	0	—	6	—	1	—	1	—	0	—	4	—	2	—	2	—	—	—	—	—	—	3	—	0	—	
SILVINGTON	1	1	—	0	—	0	—	0	—	0	—	1	—	0	—	0	—	0	—	1	—	1	—	0	—	1	—	—	—	—	—	—	0	—	0	—	
STOKE ST. MILBURGH	70	4	6	4	6	46	64	10	14	6	8	4	6	29	41	37	52	37	52	4	6	31	43	13	18	20	28	3	4	31	43	16	22	2	3		
STOKESAY	251	108	43	29	12	104	42	5	2	5	2	183	73	30	12	38	15	38	15	97	39	207	83	13	5	204	82	11	4	13	5	23	9	2	1		
TUGFORD	16	0	—	2	—	12	—	1	—	1	—	1	—	2	—	4	—	13	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	0	—		
WHITTON	22	6	27	2	9	13	59	1	5	0	—	3	14	13	59	6	27	6	27	5	23	20	91	—	—	10	45	4	18	8	36	—	0	—			
WHEATHILL	10	2	—	—	—	8	—	0	—	0	—	2	—	2	—	6	—	6	—	2	—	6	—	0	—	3	—	—	—	—	—	—	—	0	—		
WHEATHILL	10	2	—	—	—	8	—	0	—	0	—	2	—	2	—	6	—	6	—	2	—	6	—	0	—	3	—	—	—	—	—	—	—	0	—		
WHEATHILL	10	2	—	—	—	8	—	0	—	0	—	2	—	2	—	6	—	6	—	2	—	6	—	0	—	3	—	—	—	—	—	—	—	0	—		
WHEATHILL	10	2	—	—	—	8	—	0	—	0	—	2	—	2	—	6	—	6	—	2	—	6	—	0	—	3	—	—	—	—	—	—	—	0	—		
WHEATHILL	10	2	—	—	—	8	—	0	—	0	—	2	—	2	—	6	—	6	—	2	—	6	—	0	—	3	—	—	—	—							

